

# **HRSA Technical Assistance**

## **Atlanta EMA Patient Navigation Program Model Recommendations**

**May 24, 2013**

Delivered by CAI

# Purpose of Call

In response to the Atlanta EMA's follow-up technical assistance request, CAI has compiled recommendations regarding the patient navigation program model for consideration to meet the Atlanta EMA's stated goal...

# Atlanta EMA Goal

*To identify individuals who know their HIV status but are not in care, to inform them about available treatment and services and to assist them in the use of those services.*

*(Metropolitan Atlanta HIV Health Services Planning Council Comprehensive Plan – Challenge of Unmet Needs in the Atlanta EMA)*

# Rationale

“Highest ranked barrier is related to unfamiliarity with the continuum of care, suggesting a need for increased communication by providers of available services.”

*SEATEC -2011 Atlanta EMA Consumer Survey*

# Rationale

- There is a 30-day period before the initial assessment
- There is a 30- day period before first treatment appointment
- After finding out that they were HIV positive, 59% (n=419) reported needing mental health services
  - Anxiety and Depression
  - Report Substance Abuse

# Recommended Model

## Patient Navigation/Client Support Program

To engage and actively navigate newly diagnosed, and persons at high-risk for non-treatment adherence to HIV/AIDS Care and support services and to increase their knowledge of HIV/AIDS treatment and support available in the Atlanta EMA in order to achieve improved health outcomes.

# Patient Navigation/Client Support Program

- Voluntary program with a goal of helping and teaching clients how to access the services that they need using evidence-based mentoring methods
- Navigating them through the process of how to access community and clinical resources to address individual barriers that may prevent them from accessing treatment services.

# Primary Activities

- Help link, retain and track PLWHA in medical care, medical case management, support services, health education programs
- Coordinate the collaborative efforts of treatment navigation for patients across a network of city-wide providers



# Education and Follow-up

- Provide basic HIV/AIDS education by responding to the client's questions and readiness to learn more about HIV/AIDS care.
- Make regular phone contact with clients and update the clinical team about any issues that may impact the client's medical care.

# Boundaries

- Patient Navigators would not answer specific questions regarding medication usage, but would have been trained on clear statements that they could use to address client questions while actively referring them to the appropriate medical professional for additional information.
- Patient Navigators would not serve as buddy/companions.

# Consumer Survey: Why did Client Return To Care?

## Top Three Reasons

- Got sicker
- Able to deal with other problems
- Someone helped me

# Potential Target Populations

- African-American Men (MSM, MSW and MSMW)
- Latino populations
- PLWHA who have been recently released from incarceration. *The PNPSP would work in collaboration with other funded programs that provide treatment planning for clients being released from incarceration.*
- Transgendered persons
- Persons who are homeless

# Salaries

- Patient/Peer Navigators / Community Health Worker salaries vary by jurisdiction, but starting pay in large metropolitan areas is often between \$13 and \$17 per hour (\$27,000 to \$35,000 for full-time work), and in other areas \$11 to \$15 per hour (\$23,000 to \$31,000)

*HRSA Target website*

# Knowledge/Skills/Abilities

- The ability to work effectively with a wide-range of constituencies in a diverse community
- Knowledge of HIV/AIDS service resources and barriers
- Ability to provide practical non-clinical HIV/AIDS education to clients
- Ability to collaborate with other staff to serve clients
- Ability to appreciate clinical and legal requirements and restrictions
- Strong interpersonal and communication skills
- Ability to prioritize and self motivate
- Record maintenance skills
- Time management skills

# Training

- Training for the model would include a didactic and skills-building multi-day training session for both the Patient Navigators and their supervisors in order to clearly identify the Navigator's role, job tasks, necessary skills, client interaction methods and boundaries of the program.

# Training

- The training should include evidence-based methodologies used to assess and engage clients including: Basic HIV/AIDS education methods and tools, Enhanced Outreach, Relational Outreach Engagement Model and Behavior Change Theory.



# Training Goal

- The program's initial training and skill-building components should focus on how to assess and engage clients and build appropriate relationship with them, and how to deliver basic HIV/AIDS education to support clients in their decision-making and personal strategies around their own healthcare. On-going training should be assessed by the Patient Navigator's supervisor with the selected training entity.

# Training Cost Estimate

- The estimated costs for training and follow-up technical assistance conference calls is \$15,000 – \$25,000 depending on the number of Patient Navigators, supervisors and follow-up conference calls. This estimate does not include cost of travel or per diem for participants to attend trainings.
- Training with follow-up for a pilot site could be as low as \$10,000.

# Follow-up Technical Assistance

- Follow-up technical assistance would be key to making changes or tailoring the program for the clinic site(s) and needs of the clients accessing services in the Atlanta EMA.

# Questions?

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